



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH ARNETT HOSPITAL

City of Hospital: Lafayette

Year Begin: 01/01/2019 (mm/dd/yyyy format)

Year End: 12/31/2019 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-0173

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$541771268
Outpatient Patient Service Revenue	\$1104235540
Total Gross Patient Service Revenue	\$1646006808

2. Deductions From Revenue

Contractual Allowance	\$1133592239
Other Deductions	\$8112792
Total Deductions	\$1141705031

3. Total Operating Revenue

Net Patient Service Revenue	\$504301777
Other Operating Revenue	\$9245643
Total Operating Revenue	\$513547420

4. Operating Expenses

Salaries and Wages	\$190680330	Employee Benefits	\$38821611
Depreciation and Amortization	\$13022506	Interest Expense	\$11336383
Bad Debt	\$29403591	Other Expenses	\$206002103
Total Operating Expenses	\$489266524		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$24280896	Total Assets	\$464644383
Net Non-operating Gains over Loss	\$5892852	Total Liabilities	\$464644383

Total Net Gains	\$30173748
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Statement Two: Contractual Allowance
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Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$733553881	\$593911605	\$139642276
Medicaid	\$214424536	\$164396824	\$50027712
Other Government	\$18417001	\$15542463	\$2874538
Other State	\$0	\$0	\$0
Other Payers	\$679611389	\$397257730	\$282353659
Total	\$1646006807	\$1171108622	\$474898185

Statement Three: Donations Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$1051475	\$-1051475

Statement Four: Research Statement
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$288746	\$-288746

Statement Five: Education Statement
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Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$2096466	\$-2096466
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	10
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	7716

Statement Six: Charity Statement
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Hospital Charity Charges	\$34767218
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$9508834	
HCI Payments	\$0		
Subtotal	\$0	\$9508834	\$-9508834
Medicaid Shortfalls	\$51064874	\$75067070	
Subtotal	\$51064874	\$84575904	\$-33511030
DSH Payments	\$0		
Subtotal	\$51064874	\$84575904	\$-33511030
Medicare Shortfalls	\$73447468	\$88593257	
Other Government Programs	\$0	\$0	
Total	\$124512342	\$173169161	\$-48656819

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$1148313	\$-1148313
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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